

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

18 1937

36765

1. PLACE OF DEATH

County Jackson  
Township Kaw  
City K. C. Mo.

Registration District No. 399  
Primary Registration District No. 1002  
St. Vincents Hospital

File No. \_\_\_\_\_  
Registered No. 4454  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Infant Bosley

(a) Residence, No. 2519 Troost  
(Usual place of abode)

St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
2 days

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.

13. NAME Harry Bosley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nevada, Mo.

15. MAIDEN NAME Lorene Sullivan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookfield, Mo.

17. INFORMANT Harry Bosley  
(ADDRESS) 2519 Troost

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mt. St. Mary's DATE Oct. 20, 1937

19. UNDERTAKER Wagner Funeral Home  
(ADDRESS) 204 W. Linwood

20. FILED 10-19-1937 M. M. Crowe, M.D.  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1937, to Oct 18, 1937.

I last saw him alive on Oct 18, 1937. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Congenital Heart Failure Date of onset

1570

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) Amey R. Thorn, M. D.

(Address) 1010 Professional Bldg.

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No 2852

2:00 to 4:00